

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. 106285J6 FILING DATE

APPLICANT(S)

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT		CLAIMS
	IND	DEP	IND	DEP	IND	DEP	
1	/						
2		/					
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TOTAL IND.	5						
TOTAL DEP.	18	↔	↔	↔			
TOTAL CLAIMS	23	██████████	██████████	██████████	██████████	██████████	██████████

TOTAL IND.							
TOTAL DEP.		↔	↔	↔			
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████	██████████